

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097743653**

FILING DATE

APPLICATION NO.

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1					
2					
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97					
98					
99					
100					
TOTAL IND.	1				
TOTAL DEP.	5				
TOTAL CLAIMS	6				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY